

**LEAVE OPTION STATEMENT FOR NON-APPROPRIATED FUND
INSTRUMENTALITIES (NAFI) WORKER'S COMPENSATION CLAIM BENEFITS**

SUPPORTING DIRECTIVE BUPERSINST 5300.10A

Workers' Compensation benefits are provided to injured employees per the Longshore and Harbor Workers' Compensation Act. Employees who are eligible for sick or annual benefits and are entitled to receive workers' compensation benefits for illness or injury, may elect to accept one of the following options:

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| OPTION I. | <p>Receive worker's compensation disability benefits from Third Party Administrator (TPA) supplemented with accrued sick or annual leave up to an amount not exceeding the employee's basic salary. This is accomplished by the payment of full sick or annual leave benefits to the employee, <i>in lieu of compensation</i>, with partial reimbursement of the sick or annual leave used through the employee's assignment of all worker's compensation temporary disability benefits paid by the TPA. <i>This constitutes advance payment of compensation under the Act.</i></p> <p><input type="checkbox"/> I elect to receive full sick or annual leave benefits and request that all workers' compensation temporary disability benefits be mailed to me at:</p> <p><input type="checkbox"/> Sick Leave: (Non-Appropriated Fund Personnel Office Address)</p> <p><input type="checkbox"/> Annual Leave: I understand that my sick or annual leave balance will be credited with the appropriate number of hours on the amount of my workers' compensation temporary disability benefits. <u>I will endorse the checks received from the TPA.</u></p> |
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| Injured Employee's Signature: | Date: |
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| OPTION II. | Receive only workers' compensation temporary disability benefits from TPA. |
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☐ I elect to be placed on leave without pay for the entire period of absence due to injury. I understand that if compensation is denied, I may be paid on the basis of sick or annual leave accrued to me.

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| Injured Employee's Signature: | Date: |
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